

## **MED - Long Term Care 456 Nursing Facilities for Mentally Ill Onsite Review**

**Purpose:** Annually medical services will conduct the onsite inspection of care for Nursing Facilities for Mentally Ill (NF/MI). The inspection requirements include:

- a. Certification of need for care
- b. Medical, psychological and social evaluation developmental findings where applicable
- c. Exploration of alternative services
- d. Active treatment
- e. Consistency of services and treatment with plan of care
- f. Appropriateness of placement

The focus of the onsite inspection of care is to evaluate the appropriateness of the individual's placement in the facility. The inspection does not duplicate facility certification activities conducted by the Department of Inspection and Appeals (DIA). As appropriate, Medical Services will collaborate with DIA to share facility reports.

### **Identification of Roles:**

Project Assistant (PA) – supports review activities, manages Inspection of Care Access database, and assists in coordinating team communications and schedules.

Review Coordinator (RC) – schedules onsite visits with facilities and completes onsite reviews. The RC will be present at all on-site annual visits.

Manager – provides supervision and support to PA and RC, provides consultation on level of care or quality of care concerns.

Medicaid Medical Director (MMD) – reviews levels of care or quality of care concerns, makes medical necessity determinations and approves corrective action plan requests that include quality of care concerns.

Clinical Assistant to the Medicaid Medical Director (CAMD) - reviews levels of care or quality of care concerns, makes medical necessity determinations and approves corrective action plan requests that include quality of care concerns.

Peer Reviewer (PR) – completes specialty reviews and provides determination for authorizations regarding questioned medical necessity.

### **Performance Standards:**

Onsite reviews will be conducted annually and within 10-12 months of the prior review.

## **Path of Business Procedure:**

**Step 1:** The manager will establish facility assignments. The counties are divided according to RC residence and facility location.

- a. Some counties may overlap and have bigger facilities that require more than one RC to be assigned to that county or facility.

**Step 2:** The RC will locate the Master Team Schedule located in the Onsite ICF\_MR\Team Schedules & Contact Info\Schedules\Master Team Schedule and create a general calendar for completing onsite reviews annually and within 10 to 12 months of prior review. **Step 3:** The RC with the assistance of the PA will contact the facility by fax and telephonically no more than 48 hours prior to the visit.

**Step 4:** The RC will explain the purpose and requirements of the onsite visit to the facility director either telephonically or by email and by a faxed letter. The review is not a certification or inspection of the facility or environment.

**Step 5:** The RC will request the name of the facility staff person who will assist with the onsite review.

**Step 6:** The RC will provide the facility an estimate of length of visit.

**Step 7:** The RC will offer a copy of the Inspection of Care tool that is located on the DHS website.

**Step 8:** The RC will request appropriate workspace for conducting medical record audits.

**Step 9:** The RC will discuss the plans for observation of the members.

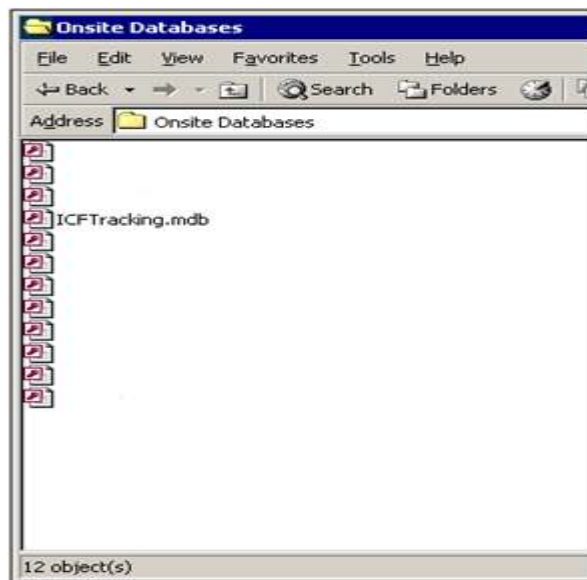
**Step 10:** The RC will explain that within 30 days after the onsite visit, the facility will receive a report detailing the results.

**Step 11:** Once onsite the RC will meet with the designated staff to answer any questions about the review and initiate the medical record review and observation activities. Staff must always carry their Iowa Medicaid Enterprise (IME) picture ID badge and display it so that it is easily visible. Staff must follow reasonable facility procedures including checking in with the designated facility personnel.

**Step 12:** The RC will review the current medical records for all members admitted at the time of the onsite inspection using the Inspection of Care tool for facility type.

**Step 12:** The RC will utilize the Inspection of Care tool and enter the results into the access database. Members whose assessment or medical record review that do not meet criteria or have concerns will be sent for peer review.

**Step 13:** Each RC has a personal database located in the O:\Onsite Databases\NFMI database\RC'sname.mdb for the NF/MI reviews. \\Dhsime\Onsite ICF\_MR\NF-MI Database



**Step 18:** The RC will open a blank Inspection of Care tool and complete the following fields:

- a. Facility Identification (FacID)
- b. Member Identification (Mbr ID)
- c. Member Last Name (MbrLastName)
- d. Member First Name (MbrFirstName)
- e. Member Date of Birth (MbrDOB)
- f. Admission Date
- g. Review Coordinator
- h. Date of Onsite

**Step 19:** The RC will complete the form using the drop down boxes to complete the review.

## Forms/Reports:

Resident Name: «MbrFirstName» «MbrLastName» SID: «MbrID» DOB: «MbrDOB» Gender: «MbrGender»  
 Facility ID: «FacID» Review Type: «TypeRev» Review Date: «DateOnsite» Coord: «Coord»

A. Certificate of need of care		
	Component	Outcome
1)	Physician or physician assistant (PA) order at time of admission or upon application <i>42 CFR 456.160(a)1-2</i>	«A1»
2)	Physician or PA recertification at least every 60 days <i>42 CFR 456.160(b)1-2</i>	«A2»
Subtotal Section A Score (2 possible)		«AST»
B. Medical, psychiatric, and social evaluations		
	Component	Outcome
1)	Before admission, the interdisciplinary team must make a comprehensive medical, social, and psychiatric evaluation of need for care <i>42 CFR 456.170(a)</i>	«B1»
2)	Assessment includes: <i>42 CFR 456.170(b)1-6(i-ii)</i>	
	a) Diagnosis	«B2a»
	b) Summary of present medical findings	«B2b»
	c) Medical history	«B2c»
	d) Mental capacity	«B2d»
	e) Prognosis	«B2e»
	f) Physician recommendation for admission	«B2f»
3)	Before admission or authorization for payment, the physician must establish a written plan of care <i>42 CFR 456.180(a)</i> . The plan of care must include: <i>42 CFR 456.180(b)</i>	
	a) Diagnosis	«B3a»
	b) Symptoms	«B3b»
	c) Complaints	«B3c»
	d) Complications	«B3d»
	e) Medical order for:	
	1. Medications	«B3e1»
	2. Treatments	«B3e2»
	3. Restorative and rehabilitative services	«B3e3»
	4. Activities	«B3e4»
	5. Therapies	«B3e5»
	6. Social services	«B3e6»
	7. Diet	«B3e7»
	8. Special procedures recommended for the health and safety of the member	«B3e8»
4)	Plans for continuing care including review and modification to treatment/care plan	«B4»
5)	Discharge plan	«B5»
6)	Plan of care reviewed at least every 90 days by physician and other personnel involved in member's care	«B6»
Subtotal Section B Score (22 possible)		«BST»

C. Service appropriateness - record review		
	Component	Outcome
1)	Record contains complete reports of periodic assessments <i>42 CFR 456.608(b 1-2)</i> Note: If documentation is complete, observation of individuals over 65 is not required.	«C1»
2)	Services meet the health needs of the member <i>42 CFR 456.609.1</i>	«C2»
3)	Services meet the rehabilitative and social needs of the member <i>42 CFR 456.609(a)1</i>	«C3»
4)	Services promote maximum physical, mental, and psychosocial functioning of the member <i>42 CFR 456.609 (a)2</i>	«C4»
5)	It is necessary and desirable for the member to remain in the facility	«C5»
6)	Service needs not provided by the facility are arranged through other entities	«C6»
7)	It is feasible to meet the member's health and rehabilitative needs in an alternative setting	«C7»
8)	Medications reviewed no less than every 30 days	«C8»
9)	a) Physician progress notes are complete and consistent with observed condition of the member including hygiene and skin integrity	«C9a»
	b) Nurse progress notes are complete and consistent with observed condition of the member including hygiene and skin integrity	«C9b»
	c) Other progress notes are complete and consistent with observed condition of the member including hygiene and skin integrity	«C9c»
Subtotal Section C Score (11 possible)		«CST»

Subtotal Section A	Subtotal Section B	Subtotal Section C	Over-all Score
«AST» / 2	«BST» / 22	«CST» / 11	«TotalScore» / 35

Overall Comments
«COMMENTS»

Corrective Action
«CAPComments»

**Outcome:** 1 - Met; 0 - Not Met; NA – not applicable If item is not applicable it will not be included in the denominator  
«MbrID» - «MbrFirstName» «MbrLastName»

470-5042 (Rev. 5/11)

**RFP Reference:**

6.2.6.2

**Interfaces:**

Access Database

**Attachments:**

N/A

**MED - Long Term Care 456 Intermediate Care Facilities for Mentally Ill Facilities Onsite Review - Observation of Member**

**Purpose:** Observation of members over the age of 65 whose medical records are not complete is conducted to ensure that the health and safety needs of the member are being met.

**Identification of Roles:**

Review Coordinator (RC) – observes member at the facility during the Inspection of Care.

**Performance Standards:**

Onsite reviews will be conducted annually and within 10-12 months of the prior review.

**Path of Business Procedure:**

**Step 1:** The RC will conduct observation of members over the age of 65 residing in NF/MI facilities whose records have not been updated regularly or that do not contain complete information.

**Step 2:** The RC will complete the face-to-face observation of the member in the following situations:

- a. Work or day treatment environment
- b. Meal time
- c. Planned leisure activity
- d. Structured training time

This process does not have to involve a structured interview of the member and observation will be sensitive and respectful of the member.

**Step 3:** The face-to-face observation time, location and date will be documented on the Inspection of Care Review tool in section D and in overall comments if necessary.

**Forms/Reports:**

See Inspection of Care form

**RFP Reference:**

6.2.6.2

**Interfaces:**

Access database

**Attachments:**

N/A

**MED - Long Term Care 456 Intermediate Care Facilities for Nursing Facilities for Mentally Ill Facilities Onsite Review – Aggregate Reports and Corrective Action Plans**

**Purpose:** Facilities that do not meet standards for treatment planning, active treatment, treatment plan implementation, or who are not meeting the social, health and safety needs of the member will be required to submit a Corrective Action Plan (CAP) as directed by DHS.

**Identification of Roles:**

Review Coordinator (RC) – completes onsite facility review and makes recommendation for CAP if necessary.

Project Assistant (PA) - compiles information given by the RC and sends to facility for review.

Manager – approves CAP recommendation and reports all quality concerns to MMD and DHS.

Medicaid Medical Director (MMD) – reviews and approves action plan recommendations involving quality of care concerns.

Clinical Assistant to the Medicaid Medical Director (CAMD) - supports medical director in quality of care reviews and review of action plans.

**Path of Business Procedure:**

**Step 1:** Once the facility review is complete and concerns are not noted, an aggregate letter will be created by the PA. The aggregate letter will give the total score of all of the members that were reviewed in that facility.

**Step 2:** The aggregate letter and a copy of each member's Inspection of Care tool are mailed to the facility within 30 days of the onsite review to the facility.

**Step 3:** The RC will complete onsite inspection of care using the Inspection of Care tool and observation.

- a. If urgent quality of care concerns are noted the RC will contact the manager immediately and describe the concerns.
- b. Issues that may constitute quality of care concern include:
  1. Health and safety of member at risk
  2. Plan of care is incomplete, fails to address needs and/or not updated monthly

3. Medications not reviewed at least every 90 days
4. Progress notes not present
5. Member is not benefiting from active treatment
6. Member has service need identified, however, the facility is not providing the service to address the need or securing the service from arrangements with others
7. Member is unable to tolerate active treatment due to medical reasons
8. Facility is not providing active treatment
9. Facility is not meeting the health needs of the member.
10. Facility is not meeting the social needs of the member.

**Step 4:** Once the manager, DHS, or MMD, have made the determination for a corrective action, the facility is informed on the Inspection of Care tool sent within 30 days of the review and any corrective action that needs to be taken.

- a. If an immediate threat to the member's health and safety is present, the manager will take action as directed by DHS

**Step 5:** Once the facility review is complete, a CAP is determined, and with manager approval, an aggregate letter will be created by the PA. The aggregate letter will give the total score of all of the members that were reviewed in that facility.

**Step 6:** The aggregate letter is mailed out within 30 days of the onsite review to the facility with a copy of each member's Inspection of Care tool.

**Step 7:** It is expected that the facilities will have no more than 30 days from the date of the aggregated letter to address and correct the concerns by responding in writing detailing steps they are taking to address them.

- a. The corrective action response will include the following information:
  1. Date of the onsite visit
  2. Name of member
  3. Member's SID
  4. Item(s) cited in the report to be corrected by Inspection of Care tool number
  5. Explicit steps the facility has taken to correct the problem
  6. The planned steps undertaken to sustain change
  7. Date by which correction will be completed
  8. Staff responsible for the action plan

**Step 8:** Once the CAP is received from the facility, the manager will review and approve.

- a. If there are concerns then the manager will review CAP with DHS and MMD.

**Step 9:** If a returned CAP is unacceptable then the facility will be notified in writing of necessary steps to correct.

**Step 10:** If further action to achieve compliance with a CAP is needed Medical Services will request direction from the DHS policy staff.



## Forms/Reports:

### Facility Aggregate Letter

«FacName»

Facility Director

«FacAddr1»

«FacAddr2»

«City», «ST» «ZIP»

«FacID»

RE: Onsite Visit - «FirstOfDateOnsite» - «LastOfDateOnsite»

Dear Facility Director:

Iowa Medicaid Enterprise (IME) Medical Services staff conducted an onsite visit at your facility on the date(s) identified above. This onsite review was conducted in accordance with the Code of Federal Regulation (CFR) 42, Chapter IV, Part 456, which requires an independent review of the care being provided to Medicaid members in institutions be conducted annually by a team of professionals.

Information regarding the Medicaid member's individual reviews that were completed during this timeframe are enclosed. The aggregated results of all reviews are as follows:

Number of members reviewed: «CountOfFacID»

Part A-Admission certification, plan of care:

Subtotal Score:«SumOfAST» Possible Score:  
«SumOfATP»

Part B-Medical, psychiatric, and social evaluations:

Subtotal Score:«SumOfBST» Possible Score:  
«SumOfBTP»

Part C-Appropriateness of treatment for level of care:

Subtotal Score:«SumOfCST» Possible Score:  
«SumOfCTP»

Part D-Observation:

Subtotal Score:«SumOfDST» Possible Score:  
«SumOfDTP»

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Overall Score:

Overall Score:«SumOfTotalScore» Possible Score:  
«SumOfOTP»

Please review the enclosed individual member's review information for any corrective actions that are necessary for your facility. If corrective action is indicated, a formal corrective action plan must be submitted within 30 days of the date of this letter to Iowa Medicaid Enterprise, Medical Services, Attention: NAME, PO Box 36478, Des Moines, Iowa 50315.

Thank you for your assistance and the support received from your staff in completing this onsite review. For questions related to the onsite visit process or level of care review, please refer to Informational Letter No. 745 dated September 17, 2008. This letter can be found at the IME website, <http://www.ime.state.ia.us>, click on Reports and Publications, Provider Bulletins. You may also contact Medical Services Unit at 1-800-383-1173, extension XXXX, or locally at (515) 974-XXXX

Sincerely,

^, Manager, NF/MI Review

Iowa Medicaid Enterprise, Medical Services

cc: Iowa Department of Human Services  
Iowa Department of Inspections and Appeals

## **MED - Long Term Care 456 Intermediate Care Facilities for Nursing Facilities for Mentally Ill Facilities - Reports**

**Purpose:** The reports will detail compliance with utilization review standards of 42 CFR 456 and include all results of performance standards and program activities.

### **Identification of Roles:**

Project Assistant (PA) - assists manager in database management, provides query data, develops report formats and assists with monthly, quarterly, and annual reports.

Review Coordinator (RC) – completes inspection and compiles results of member and facility review.

Manager - prepares monthly program activity reports, quarterly performance standard reports, and aggregate facility reports.

### **Performance Standards:**

Provide the required reports within ten business days of the end of the reporting period (quarter). Provide annual performance reporting no later than October 15 of each contract base and option year for the state fiscal year (SFY) that ended in the prior month of June.

### **Path of Business Procedure:**

Reports required for onsite inspection are:

Report Name	Frequency	Due Date	Measure
Member Inspection of Care Report	Annual	30 Days after onsite review	Inspection of Care Tool Scores
Facility of Inspection of Care Report	Annual	30 Days after onsite review	Aggregated scores of Inspection of Care Tool
			1.)
Quarterly Narrative Report	Quarterly	10 <sup>th</sup> Working day following end of quarter	1.) Number of inspections completed by facility type 2.) Number of corrective action plans required 3.) Type of concerns leading to requested correction action 4.) 10-12 Month timeliness information

**Step 1:** The RC completes the Inspection of Care tool as required by the program and tallying scores of each section in the access database.

**Step 2:** The manager develops the report formats for the activity, quarterly narrative report and establishes the scoring algorithm for the scorecard.

**Step 3:** The PA completes queries as required to complete the reports.

**Step 4:** The manager finalizes compilation of data.

**Step 5:** The manager forwards the reports to the project assistant.

**Step 6:** The PA posts the reports on the IME universal share drive.

**Step 7:** The results of the annual evaluation will be documented in a report to the facility and to DHS within 30 days of the evaluation.

- a. If documentation supporting the facility's program is not satisfactory, recommendations and request for corrective action will be submitted with the report to the facility and to DHS.

**RFP Reference:**

6.1.3.4.16.1.3.4.3

**Interfaces:**

N/A

**Attachments:**

N/A

**MED - Long Term Care 456 Intermediate Care Facilities for Nursing Facilities for Mentally Ill Disruption of Business Plan**

**Purpose:** In the event that the onsite inspection of care review operation is disrupted then the following procedures will be followed.

**Performance Standards:**

Performance standards are not identified for this procedure.

**Path of Business Procedure:**

**Step 1:** When a laptop is not available then the RC will use paper copies of the tool to complete the onsite review.

**Step 2:** The RC will enter review information in the access database when restored.

**RFP Reference:**

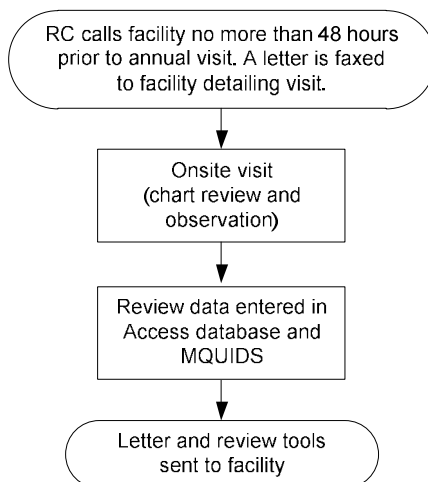
N/A

**Interfaces:**

N/A

## Attachment A:

### NF/MI Annual Facility Review



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